MenACWY-CRM (Menveo®) & MenACWY-D (Menactra™)

Vaccine	Primary Schedule	Comments	Storage & Handling
Menveo® (MenACWY-CRM) (Novartis)	Single dose: 0.5 mL (IM) Reconstitution required (see administration)	Licensed for persons aged 2-55 years	Store MenACWY-D and MenACWY-CRM (lyophilized and liquid components) in the refrigerator between 35°F and 46°F (aim for 40°F) Do not freeze any component – do not use if this happens
Menactra™ (MenACWY-D) (Sanofi Pasteur)	Single dose: 0.5 mL (IM) No reconstitution	Licensed for persons aged 9 months-55 years. PLEASE NOTE: Infants with asplenia should not be vaccinated before 2 years of age because of potential interference with pneumococcal vaccine.	

Meningococcal Vaccine Recommendations

General Recommendations:

- Routinely recommended for all children at age 11-12 years; then give a booster dose at age 16 years.
- Adolescents who receive the first dose at age 13 through 15 years, should receive a one-time booster dose, preferably at age 16 through 18 years.
- Persons who receive their first dose of meningococcal conjugate vaccine at or after age 16 years do not need a booster dose.
- Routine vaccination of healthy persons who are not at increased risk for exposure to *N. meningitidis* is not recommended after 21 years of age.
- MenACWY-D may be used for persons aged 9 months-55 years.
- MenACWY-CRM may be used for persons aged 2-55 years.
- Persons aged 56 years or older should receive MPSV4.
- Minimal interval between doses is 8 weeks.

Recommendation for Persons Aged 2 Through 54 Years with Reduced Immune Response:

- Persons with persistent complement component deficiencies
 (e.g. C₅—C₉, properidin, factor H, or factor D) or asplenia should receive
 a 2-dose primary series administered 2 months apart and then receive
 a booster dose every 5 years.
- Adolescents aged 11 through 18 years with HIV infection should be routinely vaccinated with a 2-dose primary series.
- Other persons with HIV infection who are vaccinated should receive a
 2-dose primary series administered 2 months apart.
- All other persons at increased risk for meningococcal disease (e.g. microbiologists or travelers to an epidemic or highly endemic country) should receive a single dose.



Contraindications

- MenACWY-D: Severe allergic reaction to a vaccine component or following a prior dose of vaccine.
- MenACWY-CRM: Severe allergic reaction (e.g. Anaphylaxis) after a previous dose of MENACWY-CRM, any component if this vaccine, or any other CRM₁₉₇ diphtheria toxoid, or meningococcalcontaining vaccine

Precautions

- MenACWY-D and MenACWY-CRM:
 A moderate or severe acute illness is a precaution.
- MenACWY-D and MenACWY-CRM:
 Give during pregnancy only if
 clearly needed. (MPSV4 may be
 administered during pregnancy if
 indicated).

Risk Group	Primary Series	Booster Dose	
Persons aged 11 through 18 years	1 dose, preferably at age 11 or 12 years	At age 16 years if primary dose given at age 11 or 12 years	
		At age 16 through 18 years if primary dose given at age 13 through 15 years	
		No booster dose needed if primary dose given on or after age 16 years	
HIV-infected persons in this age group	2 doses, 2 months apart	At age 16 years if primary dose given age 11 or 12 years At age 16 through 18 years if primary dose given at age 13 thru 15 years	
		No booster needed if primary dose given on or after age 16 years	
Persons aged 2 through 55 years with persistent	2 doses, 2 months apart	Every 5 years	
complement component deficiency or functional or anatomical asplenia		At earliest opportunity if a 1- dose primary series administered, then every 5 years	
Persons aged 2 through 55 years with prolonged increased risk for	1 dose	Persons aged 2 through 6 years: after 3 years Persons aged 7 years or older:	
exposure		after 5 years	

Age	Subgroup	Primary Vaccination	Booster Dose
9 – 23 months of age, with high risk	Children with complement deficiencies	2doses of MenACWY-D, 3 months apart	If 1st dose received at age 9 months through 6 years and remain at increased risk for meningococcal disease, should receive an additional dose of MenACWY-D 3 years after primary dose with boosters every 5 years.
conditions	Children with HIV, if another indication for vaccination exists	2 doses of MenACWY-D, 3 months apart	
	All others in this age group recommended for vaccination (travelers to the Meningitis Belt, etc)	2 doses of MenACWY-D, 3 months apart (infants receiving the vaccine prior to travel can receive the doses as early as 2 months apart	

Adverse Reactions

- **Injection site:** pain redness, swelling.
- **Systemic:** headache, myalgia, nausea, malaise, chills, arthralgia, rash, fever.
- Some persons may develop syncope, sometimes resulting in falling with injury. Observation for 15 minutes after administration is recommended.

Administration

- MenACWY-D or MenACWY-CRM may be administered simultaneously with inactivated or live vaccines.
- MenACWY-D: Vaccine is supplied in single-dose vials and single dose (latex-free) syringes. MenACWY-D in vials should not be drawn into a syringe until immediately before use. Administer vaccine as a single 0.5 mL IM injection into the deltoid region.
- requires reconstitution of the lyophilized MenA conjugate component with the liquid MenCYW-135 conjugate component. Do not use any other diluent. The reconstituted vaccine should be used immediately. Administer vaccine as a single 0.5 mL IM injection into the deltoid region.

Reconstitution for MenACWY-CRM:

- Withdraw liquid from vial containing the MenCYW-135 liquid component.
- Insert MenCYW-135 liquid into MenA lyophilized component.
- Gently invert or swirl until the vaccine is dissolved before administering vaccine.



